


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)		2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">MITCHELL P</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">MITCH MOREHEAD</div>			<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>OFFICE USE ONLY</b>   </div>	
	4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <input type="checkbox"/> Change of Address         </div>				
ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">P.O. BOX 1184 BRYAN TX 77806</div>		AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(979) 822-3520</div>		Date Received Date Hand-Delivered or Date Postmarked	
5 CANDIDATE/ OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">SHARON</div> NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">BROWN HICKLE</div>			Receipt # Amount \$ Date Processed Date Imaged	
	6 CAMPAIGN TREASURER NAME				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">1600 BROTHERS BLVD COLLEGE STATION, TX 77845</div>			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(979) 694-6900</div>			
9 REPORT TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15   <input type="checkbox"/> July 15         </div> <div> <input checked="" type="checkbox"/> 30th day before election   <input type="checkbox"/> 8th day before election         </div> <div> <input type="checkbox"/> Runoff   <input type="checkbox"/> Exceeded \$500 limit         </div> <div> <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)   <input type="checkbox"/> Final Report (Attach C/OH - FR)         </div> </div>					
10 PERIOD COVERED		Month Day Year Month Day Year <div style="text-align: center; font-size: 1.5em;">9 / 21 / 17 THROUGH 10 / 10 / 17</div>			
11 ELECTION		<div style="display: flex;"> <div style="flex: 1;">           ELECTION DATE            Month Day Year  <div style="text-align: center; font-size: 1.5em;">11 / 7 / 17</div> </div> <div style="flex: 1;">           ELECTION TYPE  <input checked="" type="checkbox"/> Primary  <input type="checkbox"/> General  <input type="checkbox"/> Runoff  <input type="checkbox"/> Special         </div> <div style="flex: 1; border: 1px solid black; padding: 5px; text-align: center;">           YAWAN CONWAY            2015-2016            2015-2016         </div> </div>			
12 OFFICE		<div style="display: flex;"> <div style="flex: 1;">           OFFICE HELD (if any)         </div> <div style="flex: 1;">           13 OFFICE SOUGHT (if known)  <div style="text-align: center; font-size: 1.2em;">CITY OF BRYAN COUNCIL DISTRICT 4</div> </div> </div>			

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME

MITCHELL P. MOREHEAD

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☒ GENERAL

☐ SPECIFIC

COMMITTEE NAME

MITCH MOREHEAD CAMPAIGN

COMMITTEE ADDRESS

P.O. Box 1184

BRYAN, TX 77806-1184

COMMITTEE CAMPAIGN TREASURER NAME

SHARON BROWN HICKLE

COMMITTEE CAMPAIGN TREASURER ADDRESS

1600 BROTHERS BLVD

COLLEGE STATION, TX 77845

☐ Additional Pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 8,299.00

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 1,719.00

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 6,580.00

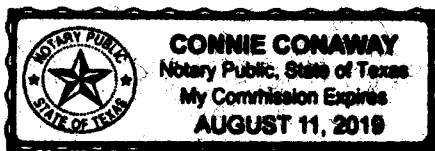
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



AFFIX NOTARY STAMP/SEAL ABOVE

*Mitchell Morehead*

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Mitchell Morehead, this the 10th

day of October, 20 17, to certify which, witness my hand and seal of office.

*Connie Conaway*

Signature of officer administering oath

CONNIE CONAWAY

Printed name of officer administering oath

Title of officer administering oath

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

MITCHELL P. MOREHEAD

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,299.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,719.00
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MITCHELL P. MOREHEAD

3 Filer ID (Ethics Commission Filers)

4 Date

9/15/17

5 Full name of contributor

☐ out-of-state PAC (ID#:

RUSLEEN P. MAURICE

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

3306 CARTER CREEK  
BRYAN, TX 77802

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

9/15/17

Full name of contributor

☐ out-of-state PAC (ID#:

CHARLES & LELIA BANKSTON

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

1316 LYNTHURST  
BRYAN, TX 77802

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

9/15/17

Full name of contributor

☐ out-of-state PAC (ID#:

JANICE & JOHN CLARK

Amount of contribution (\$)

249.00

Contributor address;

City; State; Zip Code

504 CRESCENT DR  
BRYAN, TX 77801

Principal occupation / Job title (See Instructions)

REAL EST. BROKER

Employer (See Instructions)

Date

9/15/17

Full name of contributor

☐ out-of-state PAC (ID#:

DOUG & CHERYL PEDERSON

Amount of contribution (\$)

1,000.00

Contributor address;

City; State; Zip Code

10942 LAKE FRONT DR  
COLLEGE STATION, TX 77845

Principal occupation / Job title (See Instructions)

INVESTOR

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MITCHELL P. MOREHEAD

3 Filer ID (Ethics Commission Filers)

4 Date

10/10/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

TIMOTHY N. BRYAN

6 Contributor address:

City: State: Zip Code

P.O. BOX 5847  
BRYAN, TX 77805-5847

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

BANKER

9 Employer (See Instructions)

TB&T

Date

10/10/17

Full name of contributor

☐ out-of-state PAC (ID#)

TIMOTHY & MARION JONES

Contributor address:

City: State: Zip Code

3372 MOJAVE CANYON DR.  
COLLEGE STATION, TX 77845

Amount of contribution (\$)

200.00

Principal occupation / Job title (See Instructions)

BANKER

Employer (See Instructions)

PROSPERITY BANK

Date

10/10/17

Full name of contributor

☐ out-of-state PAC (ID#)

HUBERT & TRISH HAVEL

Contributor address:

City: State: Zip Code

3115 CAMELOT DR.  
BRYAN, TX 77802

Amount of contribution (\$)

300.00

Principal occupation / Job title (See Instructions)

REALTOR

Employer (See Instructions)

REMAX

Date

10/10/17

Full name of contributor

☐ out-of-state PAC (ID#)

VICTOR DROZD

Contributor address:

City: State: Zip Code

4710 WESTMINSTER DR.  
BRYAN, TX 77802

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

HOME BUILDER

Employer (See Instructions)

2D HOMES

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MITCHELL P. MOREHEAD

3 Filer ID (Ethics Commission Filers)

4 Date

10/10/17

5 Full name of contributor

BILL FLORES

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

250.00

6 Contributor address:

P.O. BOX 6207  
BRYAN, TX 77805 -6207

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

CONGRESSMAN

9 Employer (See Instructions)

U.S.

Date

10/10/17

Full name of contributor

DENNIS H. GOEHRING

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

500.00

Contributor address:

844 S. ROSEMARY DR.  
BRYAN, TX 77802

City: State: Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/10/17

Full name of contributor

TREPAC

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

1,500.00

Contributor address:

P.O. BOX 2246  
AUSTIN, TX 78768-2246

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address:

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MITCHELL P. MOREHEAD

3 Filer ID (Ethics Commission Filers)

4 Date

9/15/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

SAMUEL HARRISON MD

6 Contributor address; City; State; Zip Code

409 E 26th ST  
BRYAN, TX 77803

7 Amount of contribution (\$)

500.00

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

9/28/17

Full name of contributor

☐ out-of-state PAC (ID#)

RANDY & CHERYL FRENCH

Contributor address; City; State; Zip Code

4301 CLIPSTONE PL  
COLLEGE STATION, TX 77845

Amount of contribution (\$)

1,000.00

Principal occupation / Job title (See Instructions)

HOME BUILDER

Employer (See Instructions)

STYLEMARK HOMES

Date

9/28/17

Full name of contributor

☐ out-of-state PAC (ID#)

LOUIS M. NEWMAN, III

Contributor address; City; State; Zip Code

1300 E. 29th ST.  
BRYAN, TX 77802

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

NEWMAN PRINTING

Date

10/2/17

Full name of contributor

☐ out-of-state PAC (ID#)

JACK CULPEPPER

Contributor address; City; State; Zip Code

1700 GEORGE BUSH DR. E #240  
COLLEGE STATION, TX 77840

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

DEVELOPER

Employer (See Instructions)

STALWORTH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

MITCHELL P. MOREHEAD

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/17

5 Full name of contributor

☐ out-of-state PAC (ID#)

RON SCHMIDT

7 Amount of contribution (\$)

200.00

6 Contributor address; City; State; Zip Code

835 N. ROSEMARY DR  
BRYAN, TX 77802

8 Principal occupation / Job title (See Instructions)

GENERAL MANAGER

9 Employer (See Instructions)

TEXAS COMM. WASTE

Date

10/3/17

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN W. HALSELL

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

P.O. BOX 3672  
BRYAN, TX 77805-3672

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/3/17

Full name of contributor

☐ out-of-state PAC (ID#)

MARL HUMPHREY

Amount of contribution (\$)

500.00

Contributor address; City; State; Zip Code

2807 S. TEXAS AVE  
BRYAN, TX 77802

Principal occupation / Job title (See Instructions)

BANKER

Employer (See Instructions)

PROSPERITY BANK

Date

10/3/17

Full name of contributor

☐ out-of-state PAC (ID#)

JOHN CLANTON

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

8944 STEEP HOLLOW RD  
BRYAN, TX 77808

Principal occupation / Job title (See Instructions)

EXECUTIVE

Employer (See Instructions)

ASTIN PARTNERS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <b>MITCHELL P. MOREHEAD</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>9/20/17</b>	5 Payee name <b>TEXAS POLITICAL CONSULTING</b>	
6 Amount (\$) <b>1,500.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 13662 COLLEGE STATION, TX 77841</b>	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING Exp.</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>MITCHELL P. MOREHEAD</b>	Office sought / Office held <b>CITY COUNCIL - BRYAN DISTRICT 4</b>
Date <b>10/9/17</b>	Payee name <b>NATION BUILDER</b>	
Amount (\$) <b>219.00</b>	Payee address; City; State; Zip Code <b>520 S. GRAND AVE, LOS ANGELES, CA 90071</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>CONSULTING Exp.</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>MITCHELL P. MOREHEAD</b>	Office sought / Office held <b>CITY OF BRYAN COUNCIL DISTRICT 4</b>
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**LOANS****SCHEDULE E**

The Instruction Guide explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME**3** Filer ID (Ethics Commission Filers)**4** TOTAL OF UNITEMIZED LOANS

\$

**5** Date of loan**7** Name of lender☐ out-of-state PAC (ID#: \_\_\_\_\_)**9** Loan Amount (\$)**6** Is lender  
a financial  
Institution?

Y N

**8** Lender address;

City;

State;

Zip Code

**10** Interest rate**11** Maturity date**12** Principal occupation / Job title (See Instructions)**13** Employer (See Instructions)**14** Description of Collateral☐ none**15** Check if personal funds were deposited into political  
account (See Instructions)☐**16** GUARANTOR  
INFORMATION**17** Name of guarantor**19** Amount Guaranteed (\$)**18** Guarantor address;

City;

State;

Zip Code

☐ not applicable**20** Principal Occupation (See Instructions)**21** Employer (See Instructions)

Date of loan

Name of lender

☐ out-of-state PAC (ID#: \_\_\_\_\_)

Loan Amount (\$)

Is lender  
a financial  
Institution?

Y N

Lender address;

City;

State;

Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ noneCheck if personal funds were deposited into political  
account (See Instructions)☐GUARANTOR  
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address;

City;

State;

Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.